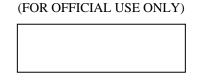
STATEMENT OF COMPLAINT





CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER. DELAWARE 19904-2467

STATE OF DELAWARE DEPARTMENT OF STATE DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: WWW.DPR.DELAWARE.GOV

DOVER, DELAWARE 19904-2407		DIVIDION OF THOSE	33IONAL REGULA	***************************************	DOTTE: WWW.E	TRIBLE WARE. GO
In order for the Department of the licensing, registration or ce holder, the complainant must co blue ink. Please state the fact your complaint. Sign this form **Indicates a field required b of a required field is left bla involving the Board of I	rtification complete al s briefly, on and retu Cannon y law in on unk. For	laws and regulations l pages of this form. clearly and with spec rn it to the Division of Building, Suite 203, order to accept your more information of	of the State of D Complaints should ifficity. Be sure to of Professional Re Dover, Delaware complaint. You in this requirement	elaware by a lice d be typewritten submit any doc egulation, Attn: 19904-2467. r complaint ma nt, see 29 Del. C	ensee, registration or clearly puments you land Investigative by be rejecte 2, § 8807 (h)	ant or certificate rinted in black or have to support Administrator, d if any portion Complaints
PROFESSION OF PERSON A	BOUT W	HOM YOU ARE C	OMPLAINING:	-		
TYPE(S) OF COMPLAINT: UNPROFESSI PRACTICING OTHER (PLE	BEYON	D SCOPE OF LICE	ENSE		OULENT ACENSED AC	
A. YOUR INFORMATION**				ATTORNEY,	IF ANY	
LAST NAME FIRST		MIDDLE INITIAL	LAST NAME	FIRS	T MI	DDLE INITIAL
STREET ADDRESS			FIRM ADDRESS			
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE
HOME PHONE	WORK PHONE		PHONE		FAX NUMBER	
EMAIL ADDRESS, IF ANY			EMAIL ADDRESS, IF ANY			
C. NAME/ADDRESS OF WITN LAST NAME FIRST	D. NAME/ADDRESS OF SECOND WITNESS, IF ANY LAST NAME FIRST MIDDLE INITIAL					
STREET ADDRESS			FIRM ADDRESS			
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE
HOME PHONE	WORK PI	HONE	PHONE FAX NUMBER			
EMAIL ADDRESS, IF ANY	EMAIL ADDRESS, IF ANY					
If needed, is this witness willing to su appearing at a hearing? YESUNKNOWN			If needed, is the appearing at a l	is witness willing nearing? YES	to support you NO	r complaint by UNKNOWN

NOTE: If additional witnesses are available, list names, addresses & other pertinent data in a manner similar to above on regular paper.

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E. ARE YOU WILLING TO APPEAR AT A HEARING IF NECESSARY? YES NO SUBJECT OF COMPLAINT INFORMATION

F. PERSON ABOUT	WHOM YO	U ARE CO	OMPLAINING**	G. BUSINESS I	NVOLVED,	IF ANY**			
LAST NAME	FIRST		MIDDLE INITIAL	LAST NAME	FIRS	T MI	IDDLE INITIAL		
STREET ADDRESS				STREET ADDRESS	3				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE		
PHONE (INCLUDE ARE	CA CODE)			PHONE (INCLUDE	AREA CODE)				
LICENSE/REGISTRATI KNOWN	ON/CERTIFI	CATE TYP	E/NUMBER IF	PROPRIETOR					
PROFESSION OF LICENSEE/IF ANY				TYPE OF BUSINES	TYPE OF BUSINESS				
EMAIL ADDRESS, IF ANY			EMAIL ADDRESS,	EMAIL ADDRESS, IF ANY					
profession. You ma	y wish to	cite speci	fic violations of t	complaint has violate he laws, rules and re pace, please use additi	gulations th	at govern			

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H. CONTINUED FROM PAGE 2	
I. SIGNATURE **	
DATE**	

For more information on the complaint process or to view the laws, rules and regulations of a specific board or commission, please visit the Division of Professional Regulation's website at www.dpr.delaware.gov